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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-35260
First Inventor	Edmund Burke
Title	CAPACITOR INTEGRATION AT TOP-METAL LEVEL WITH A PROTECTIVE CLADDING FOR COPPER SURFACE PROTECTION
Express Mail Label No.	FV 333323639 US

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

1. <input checked="" type="checkbox"/>	Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
2. <input type="checkbox"/>	Applicant claims small entity status. See 37 CFR 1.27.	8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
3. <input checked="" type="checkbox"/>	Specification (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the Invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 	a. <input type="checkbox"/> Computer Readable Form (CRF)
4. <input checked="" type="checkbox"/>	Drawing(s) (35 U.S.C. 113) [Total Sheets 4]	b. <input type="checkbox"/> Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper
5. <input type="checkbox"/>	Oath or Declaration [Total Pages 3]	c. <input type="checkbox"/> Statements verifying identity of above copies
a. <input checked="" type="checkbox"/>	Newly Executed (original or copy)	9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & documents(s))
b. <input type="checkbox"/>	Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed)	10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney
i. <input type="checkbox"/>	DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	11. <input type="checkbox"/> English Translation Document (if applicable)
6. <input type="checkbox"/>	Application Data Sheet. See 37 CFR 1.76	12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:	13. <input type="checkbox"/> Preliminary Amendment	
<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
Prior application information: <input type="checkbox"/> Examiner _____		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.		
19. CORRESPONDENCE ADDRESS		
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	23494 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below
NAME	Texas Instruments Incorporated	
ADDRESS		
CITY	STATE	TX
COUNTRY	TELEPHONE	(214) 532-9348
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22581 U.S. PTO
10/697138

Name (Print/Type)	Jacqueline J. Garner	Registration No. (Attorney/Agent)	Reg. No. 36,144
Signature			Date 10/30/2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL for FY 2003

TOTAL AMOUNT OF PAYMENT

(\$) 770.00

Complete If Known

Application Number	TBD
Filing Date	10/30/2003
First Named Inventor	Edmund Burke
Examiner Name	TBD
Group Art Unit	TBD
Attorney Docket No.	TI-35260

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **20-0668**
Deposit Account Name **Texas Instruments Incorporated**

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. **Payment Enclosed:**

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)			(\$770)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims		Fee from below	Fee Paid
	Independent Claims	Multiple Dependent		
	15	-20** =	0	X 18 = 0
	2	-3** =	0	X 86 = 0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203
102	80	202
104	270	204
109	80	209
110	18	210
SUBTOTAL (2)		(\$ 0)

**or number previously paid, if greater. For Reissue, see above

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	113	1,840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
144	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	130	123	130
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900
Other fee (specify) _____			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) **(\$)**

SUBMITTED BY

Jacqueline J. Garner

Complete (if applicable)

Name (Print/Type)

Registration No.
(Attorney/Agent)

36,144

Telephone

(214) 532-9348

Signature

Date

10/30/2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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